



APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER



Personal Information

NAME				
PRESENT ADDRESS		CITY	STATE	ZIP
PERMANENT ADDRESS		CITY	STATE	ZIP
PHONE #	CELL PHONE #	ARE YOU 18 OR OLDER AND AUTHORIZED TO WORK IN THE US?		
EMAIL		EMERGENCY CONTACT NAME AND PHONE #		

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED?			IF SO MAY WE CONTACT YOUR CURRENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?		IF SO WHEN?	EVER WORKED FOR THIS COMPANY BEFORE?		IF SO WHEN?
REASON FOR LEAVING					
NAME OF LAST SUPERVISOR AT THIS COMPANY					
HOW DID YOU FIND OUT ABOUT THIS POSITION?					

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED	DID YOU GRADUATE	NO. OF YEARS ATTENDED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR	TITLE	PHONE #		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR	TITLE	PHONE #		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT YOUR SUPERVISOR?		
NAME OF SUPERVISOR	TITLE	PHONE #		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT

NAME	BUSINESS	PHONE #

SERVICE RECORD

HAVE YOU EVER SERVED IN THE US ARMED FORCES?	BRANCH OF SERVICE
DISCHARGE DATE	RANK

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)?

IF YES, EXPLAIN

(A CONVICTIONAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

AUTHORIZATION

" I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

" I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

"I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

"THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

_____ DATE

_____ SIGNATURE